

OCT 26 2012

5.0 TRADITIONAL 510(K) SUMMARY

Submitted by: Advanced Medical Solutions (Plymouth) Ltd.
Western Wood Way
Langage Science Park
Plymouth, Devon, UK PL7 5BG
Tel: United Kingdom + 44 (0)1752 209955

Contact Person: Michael Browne
Quality and Regulatory Affairs Manager
Advanced Medical Solutions (Plymouth) Ltd

Date of Summary: 8th August 2012

Device Trade Name: LiquiBand® Flow Control

Product Codes: MPN

Common or Usual Name: Topical Skin Adhesive

Classification Name: Tissue Adhesive (21 CFR 878.4010)

Predicate Device(s): LiquiBand® Flow Control (K110184)

Device Description: LiquiBand® Flow Control is a sterile, topical tissue adhesive containing n-butyl-2-cyanoacrylate for wound closure. LiquiBand® Flow Control is supplied in a single patient use configuration. The applicator is composed of a crushable glass ampoule contained within a plastic polypropylene applicator. The ampoule is crushed through force applied by the clinician to the 'wings' of the applicator body. It is applied to easily approximated skin edges and polymerizes within 30 seconds. The device is contained within a PET/tyvek blister

Indication for Use: LiquiBand Flow Control topical skin adhesive is intended for topical applications only, to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery and simple, thoroughly cleansed, trauma induced lacerations. LiquiBand Flow Control topical skin adhesive may be used in conjunction with, but not in place of, deep dermal stitches.

Technological Characteristics

The technological characteristics of LiquiBand Flow Control are substantially equivalent to the predicate device. All use n-butyl cyanoacrylate technology to facilitate wound closure.

LiquiBand Flow Control consists of a liquid topical skin adhesive formulation packaged within a dispensing applicator. The device is supplied in a sterile single use package for use in wound closure procedures. LiquiBand Flow Control design allows for precise application of the adhesive to the wound area. The topical skin adhesive is designed to bond to the skin to provide wound closure maintaining wound approximation.

In vitro studies have shown that LiquiBand Flow Control acts as a barrier to microbial penetration as long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties and a correlation between microbial barrier properties and a reduction in infection have not been established.

Substantial Equivalence:

LiquiBand® Flow Control is identical to the predicate device (K110184)

Testing Summary:

Microbial barrier testing was conducted using LiquiBand Flow Control. The method was a strike through test that was conducted with common organisms known to cause infections and represent gram positive, gram negative, motile and non-motile as well as fungi. The challenge was at a minimum concentration of 1×10^6 cfu.

Conclusion

Based on the nonclinical testing carried out LiquiBand Flow Control is considered as safe, as effective and performs as well or better than the legally marketed predicate devices.

LiquiBand Flow Control was evaluated in tests to establish a performance and safety profile in accordance with the Class II Special Controls Guidance Document: Tissue Adhesive for Topical Approximation of Skin.

In vitro studies have shown that LiquiBand Flow Control acts as a barrier to microbial penetration as long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties and a correlation between microbial barrier properties and a reduction in infection have not been established.



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

Advanced Medical Solutions (Plymouth) Limited
% Mr. Michael Browne
Quality and Regulatory Affairs Manager
Western Wood Way
Langage Science Park
Plymouth, Devon UK PL7 5BG

OCT 26 2012

Re: K122446
Trade/Device Name: LiquiBand® Flow Control
Regulation Number: 21 CFR 878.4010
Regulation Name: Tissue adhesive
Regulatory Class: Class II
Product Code: MPN
Dated: August 08, 2012
Received: August 10, 2012

Dear Mr. Browne:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

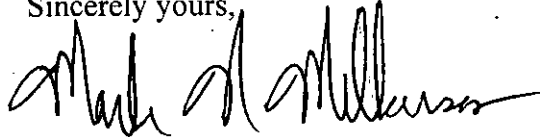
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', with a stylized, flowing script.

Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

4.0 INDICATIONS FOR USE STATEMENT

510(k) Number: K122446

Device Name: LiquiBand® Flow Control

Model Number: LiquiBand Flow Control – LFC 002

Indications For Use: LiquiBand Flow Control topical skin adhesive is intended for topical applications only, to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery and simple, thoroughly cleansed, trauma induced lacerations. LiquiBand Flow Control topical skin adhesive may be used in conjunction with, but not in place of, deep dermal stitches.

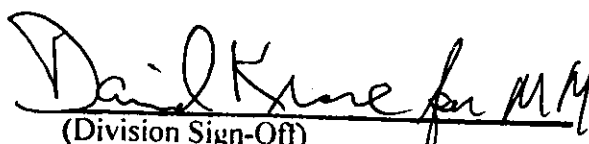
Prescription Use: **YES**
(Part 21 CFR 801 Subpart D)

AND/OR

Over-the-Counter Use: **NO**
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K122446